T & N RELIABLE NURSING CARE  (X4) ID SUMMARY STATEMENT OF REPLIX TAG (EACH DEFICIENCY MUST BE INTEGRAL REGULATORY OR LSC IDENTIFY  A follow-up survey was conducted on April 19, 2010, through April determine compliance with Title Chapter 39 Home Care Agencial The findings of the survey were random sample of nineteen (19) based on a census of 619 paties personnel files based on a census employees and five (5) home vine of the survey were based on about the survey were based on a census administrative records.  (H 120) 3906.1(a) CONTRACTOR AGR If a home care agency offers a seprovided by a third party or continuous agreements between the home of the contractor for the provision of services shall be in writing and seminimum, the following:	asoo was  F DEFICIENCIES  FRECEDED BY FULL  YING INFORMATION)  ted at your agency 22, 2010, to 22 DCMR, es Regulations. based on a } clinical records nts, twelve (12) sus of 715 sits. The findings servations in the tent and patient	1		COMPLETE DATE
(X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE IN REGULATORY OR LSC IDENTIFIED THE REGULATORY OR LSC	ted at your agency 22, 2010, to 22 DCMR, 28 Regulations. 29 Idinical records atts, twelve (12) sus of 715 sits. The findings servations in the	INGTON, DC 2001  PREFIX TAG  {H 000}	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE DISTRICT OF THE DISTRICT OF THE ALTH REGULATION ADMINIST 825 NORTH CAPITAL ST. AMERICAN SEC.	COMPLETE DATE
REGULATORY OR LSC IDENTIFE  (EACH DEFICIENCY MUST BE INTERECULATORY OR LSC IDENTIFE  A follow-up survey was conduct on April 19, 2010, through April determine compliance with Title Chapter 39 Home Care Agencia The findings of the survey were random sample of nineteen (19 based on a census of 619 patie personnel files based on a census employees and five (5) home virus of the survey were based on ob home, interviews with agency si interviews as well as a review or administrative records.  [H 120] 3906.1(a) CONTRACTOR AGR  If a home care agency offers a seprovided by a third party or contractor for the provision of services shall be in writing and seminimum, the following:	ted at your agency 22, 2010, to 22 DCMR, es Regulations. based on a 3 clinical records ints, twelve (12) sits. The findings servations in the taff and patient	PREFIX TAG (H 000)	CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE DISTRICT OF THE DISTRICT OF THE ALTH REGULATION A DAMINIST 825 NORTH CAPITAL ST. ALERS	COMPLETE DATE
A follow-up survey was conduct on April 19, 2010, through April determine compliance with Title Chapter 39 Home Care Agencie The findings of the survey were random sample of nineteen (19 based on a census of 619 patie personnel files based on a census employees and five (5) home vior of the survey were based on obhome, interviews with agency si interviews as well as a review or administrative records.  [H 120] 3906.1(a) CONTRACTOR AGR If a home care agency offers a sprovided by a third party or contagreements between the home the contractor for the provision of services shall be in writing and sminimum, the following:	22, 2010, to 22 DCMR, es Regulations. based on a } clinical records nts, twelve (12) sus of 715 sits. The findings servations in the		DEPARTMENT OF THE DISTRICT OF DEPARTMENT OF HEALT HEALTH REGULATION ADMINIST 825 NORTH CAPITOL ST. AMINIST 825 NORTH CAPITOL ST. AMINIST	F COLUMBIA H
This Statute Is not met as evided Based on a record review and in determined that the agency failed description of services to be proving the facility was previously cited of November 18, 2009 survey, for fail a description of services to be proving the facility was previously cited of November 18, 2009 survey, for fail a description of services to be proving the facility was previously cited of November 18, 2009 survey, for fail a description of services to be proving the facility was previously cited of November 18, 2009 survey.	tervice that is ractor, care agency and if home care shall include, at a to be provided; need by: terview, it was id to provide a rided on it's	{H 120}		

Health	Regulation Administration	<u> </u>					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CIDENTIFICATION NUMB				(X3) DATE SURVEY COMPLETED R 04/22/2010	
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS CITY S	TATE. ZIP CODE	<u>`</u>	WEATEN ID
	LIABLE NURSING CARE		3500 18TH WASHINGT				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5, COMPLETE DATE
{H 124}	"Cooperative Agreement that Home Health Aid- provided through a this agency and a one she and attached behind to (POT). The form failed of services to be provided through a this agency and a green to face it beginning at approximal Director, it was acknow "Contractual Agreement description of services."  It should further be not Correction (POC) date revealed that "one she and attached behind the clients" name."  At the time of the surved documented evidence contract was prepared. "Plan of Treatment (PC of the contract and the services and the contract of the part agreements between the contractor for the preservices shall be in written minimum, the following:	pril 19, 2010, at m., revealed a form ent ent." The form indicated e services were being ind party nursing staffing set contract was preparate "Plan of Treatment of to disclose the descripted for six (6) of si	d g g g g g g g g g g g g g g g g g g g	{H 120}	To correct the deficiency, language regarding the description of serbe provided has been added to cooperative agreements identification the inspection. See attachment 5.  To ensure the deficient practice not re-occur, all agreements have revised to include a description services to be provided. All Contracted Agencies will revised agreement with the add language, then re-sign the agreement. Re-signed agreement be attached behind the plan of treatment containing the contrathe client's name, see attachments.	vices to the ied in 1 page will we been of iew the ed its will ict and	05/19/10
	(e) The procedure for p	ayment for services and	d				

Health F	Regulation Administration	ın				F	ORM APPROVED
	T OF DEFICIENCIES DF CDRRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HCA-0004		(X2) MUL A BUILD B WING	ING	CDM	E SURVEY PLETED R
NAME OF P	RDVIDER OR SUPPLIER		STREET AC	DRESS, CITY, S	STATE. ZIP CODE		14/ <u>22/2</u> 010
T&NRE	LIABLE NURSING CARE		3500 18T	H STREET STON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI		iD PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY:	BE	(XS) COMPLETE DATE
{H 124}	Continued From page	2	0-11 pm, No.	{H 124}		<del></del>	
	This Statute is not me Based on a record revidetermined that the approcedure for paymenterms for services furn Agreement."  The findings include:  The facility was previous November 18, 2009 state procedure for payment terms for service for contractual Agreement. "Contractual Agreements" on April approximately 12:01 at Health Aide services was a third party nursing stareview of the form failed procedure for payment terms for services furnicontracts reviewed.  During a face to face Dibeginning at approximated that the services and payment the furnished was not discited. Agreement."	et as evidenced by riew and interview, it was gency failed to include it for services and payre iished in it's "Contractual light of the services and vices furnished in it's not include	the ment all ude sough ent s) of the formal side side side side side side side side	{H 124}	To correct the deficiency, the contractual agreements identifies the inspection will be revised to include the procedure for paymes services and payment terms for services furnished. Contractors withen review and re-sign the agreements. See Attachment 3. To ensure the deficient practice who tre-occur, language will be adspecifying the procedure for paying for services and payment terms if services. Any and all new contractinclude this language.	ent for vill will ded ment or	05/19/10
:	The Plan of Correction 2010, revealed that the contractual agencies for payment schedule and	"agency pays the lowing the Medicaid	16				

personal care aide services to contractor

Health Regulation Administrati	on					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULT A BUILDII B WING	TIPLE CONSTRUCTION	(X3) DATE S COMPL	
	HCA-0004				04	/22/2010
NAME OF PROVIDER OR SUPPLIER		STREET ADORE		TATE, ZIP CODE		
T & N RELIABLE NURSING CARE		3500 18TH ST WASHINGTO		918		
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETE DATE
(H 124) Continued From pag	<del>9</del> 3	{	H 124}	The state of the s		<u></u> ———
there was no docume procedure for payme	At the time of the survey ented evidence that the nt for services and payri mished was disclosed in ent."	nent			<b>.</b>	
(H 128) 3906.2(h)(2) CONTR  If a home care agency provided by a third paragreements between the contractor for the services shall be in warminimum, the following (h) Assurance that the (2) Insurance and borout in section 3901 of this Statute is not make a section a record readetermined the agency that the contractor will	ACTOR AGREEMENTS  y offers a service that is arty or contractor, the home care agency provision of home care riting and shall include, ag: contractor will comply ding requirements as se these regulations: and et as evidenced by: view and interview, it wa by did not include assura comply with insurance as set out in section 39	and at a with et s noce and	1 128}	To correct the deficiencies, lang has been added to all contracture stating that the contractor will of with insurance requirements as in section 3901 of the regulation attachment 1 page 5). Contractor reviewed and re-signed the reviagreements. In addition, the office manager contacted all contracted home health staffing agencies for count of the number of home health staffing addition to the office manager will conduct monthly inquiry of all contracted staffing agencies for a count of the home health aides. This procedule added to the policy and staffing serviced.	al comply set out ins. ( See or s have sed or a ealth that, a life ir re will	05/19/10
"Cooperative Agreeme A record review on No approximately 11:00 a	.m. revealed a form enti- ent."  vember 3, 2009, at .m. revealed a form enti- ent". The form indicated					

Health F	Regulation Administration	n				FC	RM APPROVED
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HCA-0004		(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION NG		SURVEY LETED R V22/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRE	ESS, CITY, S	TATE, ZIP CODE		W22/2010
T&N RE	LIABLE NURSING CARE		3500 18TH S WASHINGTO		018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{H 128}	agency. The form faile assurance that the co- insurance and bondin- section 3901 of these seven (7) contracts re- unable to give an accu- Home Health Aides we patients.  During a face to face if 2009 at approximately 12: 00 p.m. with the Q Coordinator, he acknowledges.	ad to disclose the intractor will comply with grequirements as set of regulations for seven (viewed. The Agency waste account of how mere being contracted to interview on November uality Assurance wiedged the findings.	n Out in (7) of 98 nany	(H 128)			
H 146	3907.2(b) PERSONNE Each home care agen- personnel records, whi following information: (b) Current professional	cy shall maintain accunich shall include the	<b>ate</b>	H 146			
	This Statute is not me Based on record review determined that the ag- accurate personnel red documentation of a cur- for one (1) of nine (9)er (Registered Nurse (RN The finding includes: Review of Registered I personnel file on April 10 2:05 p.m., revealed no current professional lice	t as evidenced by: v and interview, it was ency failed to maintain cords, which included rent professional licens mployees in the sample ) #26)  Nurse (RN) #26's 19, 2010, at approximat documentation of a	<del>ie</del> ).		Employee #26 is an LPN with licensed on file printed from internet since 9/3/09. See at 4.In addition to that Our soft (vision) is used to tract employments which are about The HR contacts the employmenth to the expiring date to the office with the said documents.	n the ttached itware loyees to expire. ree one to furnish	

record.

\$6XE12

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/C IDENTIFICATION NUMBE			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	,	HCA-0004		A BUILDING B WING		R 04/22/2010
NAME OF PF	ROVIDER OR SUPPLIER		STREET ADD	RESS. CITY, STAT	E. ZIP CODE	A. 500 CA 1.
T & N REI	LIABLE NURSING CARE	;	3500 18TH WASHINGT	STREET FON, DC 20018	ı	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATIO	μι	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPL
H 146	Continued From page	e 5		H 146		
	Resources Office Ass approximately 4:45 p. RN#26 did not have d	interview with the Huma sistant on April 20, 2010. .m., it was acknowledge documentation of current in the personnel record.	).at ed			
	· · · · · · · · · · · · · · · · · · ·	ented evidence of currer in the personnel record.	nt			
{H 147}	3907.2(c) PERSONNE	EL	•	{H 147}		
	Each home care agen personnel records, wh following information:		ate			
	(c) Resume of education skills checklist, and providence of attendance in-service training, wor	ce at orientation and				
	determined that the ag accurate personnel red documentation of resul	ew and interview, it was gency failed to maintain cords, which included umes of education for fou ees in the sample (RN's	ur		The application form for all T&I employees has page 2 for the rather this second page is the resume consisting of educational backgand employment history. Employee 127, 28 and 29 had their resume	esume. esection ground oyees#
	The findings include:			1	34, 27, 28 and 29 had their rest the time they were hired. See	
 	beginning at approxima documentation of resur (Horne Health Aide #34	ecords on April 19, 2010 lately 1:56 p.m. revealed imes of education for 44 (HHA), and Registered , and 29) in their personi	d no ed		attachment 5.All employees me this section of the application p	

Health R	Regulation Administratio	<u>n</u>	· · · · · · · · · · · · · · · · · · ·			FORM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HCA-0004		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R
NAME OF P	ROVIDER OR SUPPLIER	1107-000	STREET ADDR	ESS CITY ST	TATE, ZIP CODE	04/22/2010
	LIABLE NURSING CARE	·	3500 18TH S WASHINGTO	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{H 147}	Continued From page	6	÷ .	(H 147)		
	beginning at approxim acknowledged HHA # #27, #28, and #29 did resumes of education	istant on April 20, 201: nately 4:45 p.m., it was 34 and Registered Nur not have documentation in their personnel reco	ses on of rds.			
	of education in the afor personnel records.				•	
{H 148}	3907.2(d) PERSONNE	EL	(	H 148}	: 	
	Each home care agen- personnel records, whi following information:	cy shall maintain accur ich shall include the	ate .	;		
	(d) Documentation of o required;	current CPR certification	n, if	:		
	This Statute is not met Based on record review determined that the ag- accurate personnel red documentation of curre one (1) of twelve (12) e (Home Health Aide (Hi-	w and interview, it was ency failed to maintain ords, which included int CPR certification for imployees in the sample			The CPR was in the employee' was issued since Feb, 2009.It vocurrent. See attachment 6.	
	The finding includes:		;	:		
•	The facility was previou November 18, 2009 sur employees had evidenc current CPR certificatio of their personnel.	vey, for failing to ensur the of documentation of		i		
(	Review of the personne 2010 revealed no docur CPR certification in the #34.	mentation of a current	H <b>A</b>			

Health F	Regulation Administration	on				FC	ORM APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB  HCA-0004		(X2) MUI A BUILD B WING		(X3) DATE	SURVEY LETED R
NAME OF P	ROVIDER OR SUPPLIER	1 100-000-	STREET ADD	DESS CITY	STATE ZIP CODE	0	4/22/2010
			3500 18TH		STASE, SIP COLE		
TANRE	LIABLE NURSING CARE		WASHINGT		0018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	JLL ON:	ID PREFIX TAG	PROVIDER'S PLAN OF CORR IEACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
(H 148)	Continued From page	<del>2</del> 7		(H 148)			
	Resources Office Ass beginning at approxin acknowledged HHA #	interview with the Humi sistant on April 20, 2010 nately 12:27 p.m., it was 34 did not have rent CPR certification in	s S				
	2010 revealed that the would check with the department every thre however, at the time of	n (POC) dated February a "quality control person Human Resources (HR e months for compliand of the survey HHA #34's expired on February 17	inel ) :e,"				
H 191	3908.1(b) ADMISSION	NS.		H 191			
	Each home care agent policies on admissions minimum, the following	, which shall include, at	ta				
	(b) A description of the	services provided.			This policy was in the policy and has always been there. S	manual See the	
•	This Statute is not met Based on a record revi determined that the ago description of the service Admission's Policy.	ew and interview, it was ency failed to include a	3		highlighted area on attachmo	ent 7.	
7	The finding includes:						
e " n a	'Admission Criteria and eview of the admission	i. revealed a policy entit Process." Continued s policy revealed the HI n their policy a descript	HC				

PRINTED: 05/10/2010 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HCA-0004 04/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET T & N RELIABLE NURSING CARE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROMDER'S PLAN OF CORRECTION 1D (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIÊNCY H 191 Continued From page 8 H 191 We do not recall these records being During a face to face interview with the Director reviewed at T&N office. Ms. and on April 20, 2010, beginning at approximately on a 3 way phone call with 4:34 p.m., it was acknowledged that the the Director gave a verbal report on admissions policy did not include a description of 4/28/10 that 4 RNs following the the services that would be provided. reading of 649 notes requested and At the time of the survey, there was no submitted on 11/30/09 to DHLA; had documented evidence that the agency's notes without stated time of visit. admissions policy included a description of the some time intervals were short, and services that would be provided. Ithere were some overlaps. The 4 RNs were # 17, 18, 28 and 29. (H 260) 3911.1 CLINICAL RECORDS (H 260) To correct the following deficiencies Each home care agency shall establish and practices: maintain a complete, accurate, and permanent -Overlapping of skilled nursing clinical record of the services provided to each patient in accordance with this section and services: accepted professional standards and practices. Nurses have been verbally made aware of the deficient practice and informed that payment for services This ELEMENT is not met as evidenced by: Based on interviews and record reviews, it was will be withheld if overlapping is determined that the agency failed to maintain present in nursing notes. accurate clinical records for nineteen (19) of (19) No documented evidence of time in patients in the sample. {Patient #33, #34, #35, 05/31/10 #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, and time out for the visit: #46, #47, #48, #49, #50 and #51) Nurses have been made aware of the deficient practice and informed that The findings include: payment for services will be withheld if 1. Review of the HCA's October, 2009, Skilled time in and time out is missing from Nursing Notes in February 2010 and on April 23, nursing notes. 2010 approximately between 10:00 a.m. to 10:45 No documented evidence of travel a.m., revealed overlapping of skilled services as time allotted between visits: evidenced by: In some cases patients are in the same (a) Registered Nurse (RN) #27 documented that building so any travel time will be very she provided skilled nursing services to Patient short. in addition, the agency usually #33 on October 17, 2009, from 10:00 a.m., to attempts to assign nurses within the 11:00 a.m. Health Regulation Administration

Health Regulation Administration

Health F	Regulation Administration	<u>n</u>				FOR	M APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HCA-0004		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION  NG	(X3) DATE S COMPLI	R
NAME OF P	ROVIDER DR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE	04/	22/2010
T & N RE	LIABLE NURSING CARE		3500 18TH				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI	ULL ION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED CONTINUE OF THE CONTINUE OF T	DBE	(X5) COMPLETE DATE
	nursing services to Pa 2009, from 10:35 a.m. (c) RN # 27 document nursing services to Pa 2009, from 11:05 a.m. 2. Review of the HCA' Nursing Notes in Febr	attent #34 on October 1 ., to 11:00 a.m.  ted that she provided sitient #35 on October 1 ., to 11:35 a.m.  s October, 2009, Skille uary 2010 and on April etween 11:40 a.m. to 1 notes that did not have cumented as evidence g Visit Note dated October 18 documented that a g services to Patient #3 ted evidence of time in it.  g Visit Note dated October 18 documented that a g services to Patient #3 ted evidence of time in it.  g Visit Note dated October 18 documented that a g services to Patient #3 ted evidence of time in it.	killed 7.  killed 7.  d 23, 12:10 e ad  ber she 36, 1 ber she 8,		same region on order to reduce time. Lastly, T&N does not reimformers for travel time. Nurses a paid for hours spent with the color ensure the deficient practice not re-occur, the agency has concurriculum on how nurses are the document visits accurately and completely (see attached copy of training). All nurses will be train 05/31/2010.  On 05/14/2010 offices nurses witrained on how to read and revivisiting nurse's notes to ensure time overlap, missing times, or omissing or questionable documentation. The office nurse sign that she/he has reviewed the notes for accuracy. Inaccurate newill be returned to the visiting nursers. These policies and proceduil be added to the policy Manucommunicated to all new hires a orientation.	burse ire only lient. es will eated a co of the ed by  vere iew no other e will he otes urse to edures iel and	05/31/10

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME HCA-0004	ER:	(X2) MULTIPU A BUILDING B. WING	E CONSTRUCTION	(X3) DATE S COMPL	ETED R
NAME OF PE	OVIDER OR SUPPLIER		STREET ADDRES	S CITY STAT	E ZID COOC	04	/ <u>22/2010</u>
	LIABLE NURSING CARE		3500 18TH STA WASHINGTON	REET	L, AIT COLLE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI	JLL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE CATE
	1, 2009, revealed RN	risit.  Ing Visit Note dated Oct # 18 documented that Ing services to Patient # Inted evidence of time in Interest Note dated Octo Interest Notes to Patient # Inted evidence of time in Interest Notes and Interest Notes were provided Interest Notes dated Octobe	ober she 40, n she 41, n n ng 15	260}	DEFICIENC	7)	
F F a n ir	Director on April 28, 20 o.m., it was revealed the lach skilled nurse rega- forementioned nursing evealed all of the skille instructed to document occurately and complete	<ol> <li>at approximately 4:</li> <li>HCA would interview rding the accuracy of the notes. Further interview d nurses had been on the nursing notes</li> </ol>	15 ne			     	
T	here was no documen urse maintained all clir	ted evidence the HCA's	s ,				

Health Regulation Administration	on			FC	XRM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULT A. BUILDIN B. WING	lG	SURVEY PLETED R
	HCA-0004	····			4/22/2010
NAME OF PROVIDER OR SUPPLIER				TATE, ZIP CODE	
T & N RELIABLE NURSING CARE		3500 18TH S WASHINGTO	•	18	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SCIDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(H 332) 3913.2(b) COMPLAIN A written summary of be disseminated as for	the complaint process		(H 332)	A sample of the complaint process form was shown to the surveyor on 04/19/2010. See attachment 8.	
	ts receiving service from the effective date of th			To correct the deficiency, all current clients will be provided a written summary of the complaint process.  Clients will sign that they understand and have received the summary. One	
Home Care Agency (F written summary of the given to all patients re	d record verification the ICA) failed to ensure a ecomplaint process wa ceiving service from a the effective date of the 5) of twenty-five (25)	ıs		copy will be left for the client and another copy will be placed in the client's records.  To ensure the deficient practice will not re-occur, this procedure will be added to the current policy manual and upon admission new clients will receive a summary of the complaint	
Review of the Compliant/Grievance Process Policy NO.1-010.1 on November 05, 2009, at approximately 11:56 a.m., revealed the HCA did not ensure a written summary of the complaint process was given to all patients receiving service from the home care agency on the effective date of these rules.		did		process. Clients will sign that they understand and have received the summary. One copy will be left with the client and one copy will be placed in the client's records. Current nurses have been informed of this and any new hires will be informed at orientation.	
During a face to face in on November 05, 2009 p.m., it was acknowled ensure a written summ process was given to a service from the home effective date of these of these was no document.	ged the HCA did not ary of the complaint Il patients receiving care agency on the rules.				

ensured a written summary of the complaint

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		(X2) MUR. A BUHLDII B WING		(X3) DATE SURVEY COMPLETED R		
VAME OF DE	ROVIDER OR SUPPLIER	1102-00-	STREET ADDRES	ES CITY S	TATE ZIP CODE	04/22/2010		
	IABLE NURSING CARE		3500 18TH S	18TH STREET HINGTON, DC 20018				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SCIDENTIFYING INFORMATI	ILL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPE DEFICIENCY)	MILD BE COMPLET		
(H 332)	Continued From page	12	{	H 332}				
	process was given to service from the home effective date of these	e care agency on the						
{H 411}	AIDE SERVICE	ALTH & PERSONAL C	ARE (	H 411}	To correct the deficiency, HH in-serviced on how to record	complete		
	Home health aide duti following:	es may include the		and accurate notes. Includi documenting" the patient in the complaints" in the complaints.		stable and		
	(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;				section if there is no change patient's condition. To ensure the deficient pract	in the		
,	determined that the ag health aides recorded, patient's physical cond	ew and interview, it wa ency failed to ensure h and reported on the	ome		not re-occur, the requirement observe, record, and report the patient's physical condition, behavior, or appear be placed in policy, the agent prepared a memo that will be to all contracted staffing age	rance will cy has also e provided ncies and		
	The finding includes:				their HHAs on how to record and accurate notes even if the	e patient		
   	The facility was previous November 18, 2009 sun nome health aides reco- patient's physical condition appearance.	rvey, for failing to ensui orded, and reported on	re the		is stable and exhibits no chan condition. By June 2010 all HI be in-serviced on how to rec complete and accurate note:	HAs will ord		
1 0	approximately 8:15 a.m interview with HHA #38	on the aforementioned: 25 a.m. revealed that i	<b>)</b>					
	at the time of the survey		IA					

revealed that he had not been treined to

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB  HCA-0004			(X3) DATE COMPI	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, S	STATE, ZIP CODE		H2212010
I O IT KELIADLE NUKSING LAKE		3500 18TH STREET WASHINGTON, DC 20	018			
(X4) iD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PL LSC IDENTIFYING INFORMATI		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
(H 411)	Continued From page document and report condition, behavior, o		{H 411}			
	determined that the ashealth aides recorded patient's physical consuppearance for elever patients in the sample Patient #5, Patient #6,	dition, behavior or	nome 4,			
	Patient #6, Patient #1( Patient #27, Patient #2 Patient #31's medical approximately between revealed the home her and reported the patient behavior, or appearance.	record on April 19, 2016 n 10:40 a.m 4:30 p.m. alth aide had not record nt's physical condition, ce to the agency.	0, , led			
<b>,</b>	on April 19, 2010, at ap was acknowledged the	nterview with the Direct pproximately 4:55 p.m., home health aide had on Patient #2, Patient :	it not #4,			

IDEN		(X1) PROVIDER/SUPPLIER/CU IDENTIFICATION NUMBER	.iA R	A BUIL	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	(X3) DATE SURVEY COMPLETED
VAME OF PROCE	DER OR SUPPLIER	HCA-0004			A CONTRACT OF THE PROPERTY OF ALL PROPERTY OF THE PROPERTY OF	R
			STREET ADD	RESS CITY	STATE, ZIP CODE	04/22/2010
T& N RELIAB	LE NURSING CARE		3500 18TH WASHINGT	STREET ON, DC 2	Q <b>018</b>	
(X4) ID PREFIX TAG	REGULATORY OR I	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	<b>V</b> )	ID PREFIX IAG	PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY	ing:
	ntinued From page			{H 411}	To correct the deficiencies	
Pat	ient #26, Patient #	27. Patient #28. Patient #	:30			
ano	Patient #31's phy:	Sical condition, behavior	Of .		-Nurse failed to ensure tha	t patient
apt	real allow to the age	∍ncy.			needs are meet in accordar (POC).	nce with the
i he	re was no docume	nted evidence the home		-	Office nurses were in-service	ed to
nea	ivi aide recorded a	nd reported the patient's			ensure that the wint form	eu lo
pny: age	sical condition, beh	navior, or appearance to t	he		ensure that the visit freque	ncy for
aye	nu <sub>j</sub>				skilled clients are respected	by visiting
(H 453) 304	7 2/4) 880 1 55	190449			nurses and notes are submi	tted everv
		IRSING SERVICES	į	H 453)	two weeks. Visiting nurses v	vill be
Duties of the nurse shall include, at a minimum.				trained to respect visit frequ	iency as	
the f	ollowing:	er include, at a minimum,			stated in the POC.RN#28 wa	cin_
-	J				serviced to measure her clie	nt'e
(c) E	nsuring that patien	t needs are met in			Wounds every 7 days and	IIC 3
acco	rdance with the pla	in of care:			wounds every 7 days and rep	port any
	•				abnormal findings to the MD	and
<b>T</b> L.	D4				office nurse. Failure to do so	will result
I Dis :	Statute is not met	as evidenced by.			in reassigning the client to a	different
Care	on interview and	record review, the Home			nurse, the office nurse readi	ne skiljed
Datier	rwellcy 8 (HCA\$)n It needs are most-	urse failed to ensure that			client notes was instructed to	follow
plan d	of care (POC) for a	accordance with the even (7) of (19) patients			up on the issue on	- INTERNA
in the	sample. (Patient #	2. Patient # 4. Patient #6			05/14/10 Regarding the re	uiaaf
Patier	nt #10, Patient #11.	Patient #31, and Patient	, 1		Datient #4's skilled	view of
#32)			•		patient #4's skilled nursing vis	sit notes
<b>T.</b> -		•			the nurse documented correction	tly the
The fi	ndings include:				use of hydrogeb(as directed b	y MD) on
1 Day	four of Dealers are	- 4-			3/9/10: 5 days after the order	r was
Certify	iew of Patient # 25	S Home Health			given.	
May 2	2. 2010. on Avril 10	ted March 24, 2010, to ), 2010, at approximately			•	
11:10	i.m., revealed Pati	r, 2010, at approximately ent #2 had diagnoses				
GISE INC	auded Dilateral leg	Stasis picers Further				
IEVIEW	revealed the skilled	TUESE Was to view the			The missing nursing notes were	_
batient	inree (3) to five (5)	times weekly for nine			Submitted to the age	<b>e</b> 
(9) wee	ks.	,			submitted to the office nurse.	The
Davis	of Dakasa was				nurse was in-serviced on when	and
dated M	or Patient # 2's Sk	illed Nursing Notes		•	where to provide documentation	on9to
AGICO N	March 24, 25 and 29	9. 2010, on April 19		1	the office nurse every two	

Health Regulation Administra	ation				PRINT	ED: 05/10/20 RM APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME	CLIA BER	(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY
	HCA-0004		B. WING	and the same of th		R
NAME OF PROVIDER OR SUPPLIER	<del></del>	STREET ADDRES	S. CITY, STATE ZIP	CODE	04	22/2010
T & N RELIABLE NURSING CA	₹E	3500 18TH ST WASHINGTON	REET			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FU IR LSC IDENTIFYING INFORMATI		(C) PREFOX TAG	PROVIDER'S PLAN OF CORRECTI EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY:	D OC	(X). COMPLETE DATE
in the medical record in the medical record on April 19, 2010, at was acknowledged I nursing notes after it medical record to very were provided in acc Further interview revided documentation. There was not documentated there will be accordance with the I becember 13, 2009, 19, 2010, at approximation (Registered Nurse) will rew medication every visit new medication and of frequency to the office Review of Patient # 4's January 13, 2010, Mail 2010, on April 19, 2011 p.m., revealed the sections of Patient was left blank.	tely 11:40 a.m., revealed in notes after March 29: 20 d.  Is interview with the Direct approximately 2:30 p.m. Patient #2 did not have sk. March 29: 2010, in the rify skilled nursing service cordance with the POC. sealed nursing staff was to on every two weeks.  Interview with the POC. sealed nursing services in POC.  Int # 4's POC dated to June 12: 2010, on April ately 12:25 p.m., the RN as to check the patient's and report discontinued of hanges in dose or a nurse/MD.  Is Nursing Visit Notes date che 9: 2010 and April 8. D., at approximately 12:40 tion entitled "Medications fast visit since last visit)"	no 010 or it iilled	serve med no colleave Office ensurance of the composition on emmand outlinito remarks will be emerge their	periciency)  eks). Visiting nurses were all iced to indicate "none" in dication audit section if the hange to the medication in ing that comment field blace nurses were in-serviced are compliance. Failure to prate and complete notes with in rejection of the notes. See failed to instruct patient gency protocols and they posted on client's refriger sure the deficient practice except, the agency QA species and follow-up every er with the office nurse on liance to following the POC menting services and instructions will be prepared and district the areas where nurses are more diligent in provided documenting. Lastly, nur in-serviced to document cency protocol, instructions notes. Office nurses with the ensure effectiveness diced to ensure effectiveness.	Iso in- the ere was instead of ink. to provide vill int on have rator. es will ecialist c, uction ition, a ributed s need ding rses on s in were O	05/31/10

AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB	ER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED R	
NAME OF P	ROVIDER OR SUPPLIER	1101. 1004				ω 64	/22/2010	
			STREET ADDRESS		E, ZIP CODE		*****	
T G IV AE	LIABLE NURSING CARE		3500 18TH STR WASHINGTON,	EET DC 20018				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES						
PREFIX TAG	AG REGULATORY OR LSC (DENTIFYING INFORMATION)		nen P	ID REFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE	
{H 453}	Continued From page	16	0H 4	153}			<del> </del>	
	Review of Patient # 6's	E Numino Vanta Alexandra		,00,				
1	January 5, 30, 2010, a	Ed February 8, 2010 -	ed					
1	April 19, 2010, at appro	Oximately 1:40 n m	n	1				
!	revealed the section er	ntitled "Medications (no	w.o.				i	
	crianged since last visi	t since last visit)" was i	## O					
i	blank.						i	
1	B. 4			1				
· · · · · · · · · · · · · · · · · · ·	During a face to face in	iterview with the Directo	or				I	
١,	on April 20, 2010, at ap	proximately 4:30 p.m.,	R				1	
1	was acknowledged Pat	lent # 4 and Patient # 6	s				İ	
į,	Nursing Visit Note secti (new or changed since	ons entitled "Medication	ns	1.				
1	was left blank.	isist visit since last visit	)"				İ	
]	There was an decom-						 	
	There was no document nurse checked the patie	ted evidence the HCA's	•	- 1				
i	accordance with the F	POC.	isit					
<b>.</b> 3	Review of Patient #4	I's POC dated Enhagen				;		
4	, 2010, to May 1, 2010,	On April 19, 2010 at	' l	- 1				
; a	pproximately 11:30 a.m	L. Revealed Patient #4	- 1			i		
ı n.	ad diagnoses that inclu	ded a right ankle whose				!		
1 21	nd the skilled <b>hurse</b> was	5 to cleanse the would	ĺ			i		
į W	ith 9% NSS (Normal S.	aline) pet dry apply	}					
^	quacei AC cream daily/	DM and cover with	1	- 1	4	į		
i VA	essing until healed. Re	view of the Physician	ļ			ŀ		
re	erbal/Written Orders da	ted March 4, 2010,	İ					
ar	vealed Aquacel AC created to Hydrogel	am was discontinued !				Ì		
l Ra	eview of Potions 4 45 o	12 tod. h.a.		ļ		!		
No	eview of Patient #4's S	killed Nursing Visit						
11	otes dated March 9, 201 :40 a.m., revealed 'wo	io, at approximately	1			.		
по	rmal saline, hydrogel ar	win casued Mith						
ga	uze,wrapped in kerlex a	and ace bandages".						
	ring a face to face inter	-	}					
OH	April 20, 2010, at appro	ximately 2:40 nm is	İ	†		!		
AAST:	s acknowledged Patien	t#4's skilled numina						
فمتهر ا	t note dated March 9, 2		ı	1		;		

TATEMEN	T OF DEFICIENCIES	(X1) PROMODED PRINTED				<del></del>		
ND PLAN (	OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	CLIA ER:		E CONSTRUCTION	(X3) DATE		
	•			A. BUILDING			COMPLETED	
IAME OF D	ROVIDER OR SUPPLIER	HCA-0004					R V <b>22/2</b> 010	
				ESS, CITY, STAT	E, ZIP CODE		WZZZU1U	
T&NRE	LIABLE NURSING CARE		WASHINGT	STREET On, DC 20018				
(X4) ID PREFIX TAG	LEACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI	ILL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THO OFFICIENCY	ON SHOULD BE TE APPROPRIATE	(X5) COMPLETE DATE	
{H 453}	Continued From page	17		{H 453}		,		
	cleaned with normal same covered with gauze, we bandages" and was no with the POC.	apped in keriex and ac	-					
i	There was no documer nurse ensured the pation parformed in accordance	ent's wound care was	i's					
	4. Review of Patient # 28, 2010, to April 28, 20 approximately 2:30 p.m had diagnoses that incl . Further review reveale cleanse the wound with and apply Hydrogel and	010, on April 20, 2010;  ., revealed Patient #32  uded bilateral stasis uk  id the skilled nurse was  9%NSS (Normal Salii  cover with a dressing.	nt cers					
3 tl	Review of Patient # 32's Notes dated March 17, 3 3, 5, 7, 2010 at approxin he section entittled "woo not specify how the wou ype of dressing used or	24 and 31, 2010, April 2 nately 3:00 p.m., revea und care provided" did nd was cleaned or the	ied					
St.	During a face to face into n April 20, 2010, at app ras acknowledged Patie ection entitled "wound o pecify how the wound w ressing used on the wol	roximately 3:40 p.m., it int #32's revealed the care provided" did not ras cleaned or the type	t					
กเ	here was no documente arse ensured the patien arformed in accordance	t's wound care was						
! 20	Review of Patient # 31' 110, to June 27, 2010, o proximately 4:10 p.m., l	n April 20, 2010 at	9,			į		

ITATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIP A. BUILDING B. WING	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED R	
AME OF PROVIDER OR SUPPLIER		ET ADDRESS, CITY, STAT	75 710 0000		/22/2010
T& N RELIABLE NURSING CARE	3500	18TH STREET HINGTON, DC 20018			
PREFIX LEACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLET
the right foot. Further reto measure the wound findings in nurse's note nurse and MD if neces.  Review of Patient # 31' 20, 2010, at approximate documented evidence was measured.  During a face to face in on April 20, 2010, at apwas acknowledged Patient of the right foot was measured.  There was no documented the right foot was no documented evidence.	cluded an open wound to review revealed the RN was weekly and document any and inform the Office sary.  Is medical record on April ately 4:15 p.m., revealed no the wound on the right foot the wound on the right foot aterview with the Director aproximately 5:15 p.m., it ient #31's medical record and evidence the wound on ured according to the atel evidence the HCA's and's wound was measured ance with the POC.  # 10's POC dated agust 19, 2010, on April and 2:20 p.m., revealed tructed on emergency  Nursing Visit Notes on imately 2:25 p.m., not instructed on	(H 453)	DEFICIENCY		OATE .

	Veguiation Administration	20				FO	KM APPROVE
STATEMEN AND PLAN (	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER	CLIA BER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE S COMPL	
NAME OF P	ROVIDER OR SUPPLIER	HCA-0004				nu.	7 22/2010
	T & N RELIABLE NURSING CARE 3500 1			ESS, CITY, STA TREET DN, DC 2001			222010
(X4) ID	SI IMMATING OT		TOTAL DISTRICT	N, DC 2001	8		
PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)		ILL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
(H <b>453</b> )	Continued From page	19	{	H 453}			
	Review of Patient # 11 April 20, 2010, at appr revealed the patient water emergency protocols.	Oximately 2:37 n m	on			·	
	During a face to face in on April 20, 2010, at ap was acknowledged Pat 11's Nursing Visit Note: instructions on the emerinterview revealed all or been advised to instruction according to the There was no document ourse ensured the patie emergency protocols in POC.	proximately 4:15 p.m., tient # 10 and Patient # s did not reveal trgency protocols. Furti f the skilled nurses had t patients on emergence the POC. ted evidence the HCA: tot was instructed on	it Her I				
(H 459)	1917.2(i) SKILLED NUR	ISING SERVICES	{H	459)		ļ	
t	Outies of the nurse shall ne following:	include, at a minimum				į	i
(i) in	) Patient instruction, an estruction; and	d evalutaion of patient		i		İ	
factorial factor	nis Statute is not met a ased on interview and n cility's skilled nursing st ecumentation of patient raluation of patient instrateon (19) patients in t trient #27, Patient #28, 0 and Patient #32)	ecord review, the saff failed to ensure instruction, and uction for six (6) of the sample (Patient #4					

	Regulation Administrat		<del></del>			ORM APPROV
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	ER A BUI	NULTIPLE CONSTRUCTION LDING	(X3) DAT	E SURVEY PLETED
	HCA-		B Wil	NG		R
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS. CIT	STATE ZIP CODE		14/22/2010
TANRE	LIABLE NURSING CARI	<b>E</b>	3500 18TH STREET WASHINGTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU LSC (DENTIFYING INFORMATIO	LL PREFIEDNE TAG	PROVIDER'S PLAN OF CO LEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N CHOHILD DE	(XS) COMPLETE DATE
{H 459}	Continued From page	e 20	(H 459)	oc. locator;	<u></u>	
	The findings include:					
i i v n v	May 1, 2010, on April 11:30 a.m., revealed if that included a right a to cleanse the wound Saline).  Review of Patient # 4 dated March 15, 2010, p.m., revealed "they wound with clean wate apply hydroget as per if demonstrated understa During a face to face in the April 20, 2010, at apply as acknowledged Paties acknowledged P	dated February 4, 2010 19, 2010, at approximate Patient #4 had diagnose; nkie ulcer and the RN will with 9% NSS (Normal Skilled Nursing Visit N, at approximately 12:20 ere instructed to wash or and normal saline, their MD's order. They anding atterview with the Director approximately 3:30 p.m. it ient #4's skilled nursing action to wash the wound correct and not in DC.	ety s as ote	To correct the deficiency instructed to immediatel instruction to patients and the conversations in their notes. In addition, the order wound for patient #4 came Hospital Worksee attachment 9).  To ensure the deficient proportion of the specific was evaluation of teaching and documentation. Office nurserviced to ensure compliance.	y provide ad document r nursing der to was th ne from und Center actices will rses will be with their	
w	here was no documen as given the correct in ound in accordance wi	ted evidence the patient structions on cleaning the ith the POC.	e			
20 SI	). 2010 at approximate	ugust 26, 2010, on April ily 2:00 p.m., revealed th to visit every month for	e			
	⊮יוי. ∠∪יוט. OriAp∩ 2Q	Nursing Visit Note dated . 2010, at approximately ructed to take meds as	i '			

ordered not to after doses and to avoid OTC

Health Regulation Ad		0	· · · · · · · · · · · · · · · · · · ·	·		F	ORM APPROV
STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	ES	(X1) PROMDER SUPPLIERS (DENTIFICATION NUMBER	· ·	i KZ (Mi). A i estili, i i i	1994 - Martin Marian		E SURVEY
		HCA-0004		h valve.			R
IAME OF PROVIDER OR SUF	PLIER		STREET AWAR	tas date s	JATE Zel Digit		04/22/2010
T & N RELIABLE NURSI	NG CARE		3500 18TH S	STREET			
PREFIX (EACH TAG REGUL	DEFICIENCY ATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FOR SCIENTIFYING INFORMATION		erres a An	PIN MOER'S PLAN OF COR ACH CORRECTIVE ACTION TO SSIREFERENCED TO THE A OFFICIENCY	SHATE OF THE	COMPLET CATE
(H 459) Continued F	rom page	21	-	H 459)			
physician. In Patient verba	structed o	n pain management erstanding"		,			
(b) Review of Patient # 28's POC dated December 10, 2009, to August 9, 2010, on April 20, 2010 at approximately 2, 34 p.m. revealed the Registered Nurse (RN) was to instruct Patient #28 on safety measures.			ri: the		To ensure the deficient pra not re-occur, all visiting nur in-serviced to be specific w evaluation of teaching and	ses will be ith their with their	05/31/1
2.45 p.m., rev Lasix, this me frequency to u	on April 2 realed "clie dication w urinate. Cli vironment	s Nursing Visit Note dat 0 2010, at approximate ant was educated about ill increase your ent was educated to na to prevent falls. Client g"	ely		documentation. Office nurs serviced to ensure compliai	JC6 E2 M616 (U-	•
February 23, 2 2010, at appro Patient #29 ha dysphagia. Fur to be educated	2010, to Ap eximately 1 d diagnos ther review on G-tube	29's POC dated oril 23, 2010, on April 26, 2010, on April 26, 230 p.m. revealed as that included werevealed the client was gastric tube; feeding tration precautions.					
Review of Pata March 24, 2010 approximately taught G-tube fi demonstrated b Patient was insi	ent # 29's on April 12 40 p.m eding and by feeding tructed not	Nursing Visit Note date 20, 2010 at revealed " patient was 3 nurse actually patient via G-tube			To ansuro sha di ci ci		
less of the daily 911 Patient der	feeding. I nonstrated	n case of unrest call understanding	٠	i	To ensure the deficient pract not re-occur, all visiting nurse n-serviced to be specific wit	es will be (	5/31/10
2009, to June 16 approximately 2.	5, 2010, or :50 p.m., r	's POC dated April 18 n April 20, 2010 at evealed the Registered Patient #30 on her		d	valuation of teaching and w ocumentation. Office nurse erviced to ensure compliance	ith their	

(ADA) diet.

1800 calone American Diabetic Association

Health F	Requiation Administration	on			PRI.	NTED: 05/10/2010 FORM APPROVED
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIF IDENTIFICATION NU  HCA-0004		ER A B	(X2) MULTIPLE CONSTRUCTION A BUILDING		TE SURVEY IPLETEO
			, 6 v	WING		R
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CI	TY. STATE. ZIP CODE		04/22/2010
T & N REI	IABLE NURSING CARE		3500 18TH STREE WASHINGTON, DO	T		
(X4) ID PREFIX TAG	REGULATORY DR L	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	EL PRÉI ON: TAG	FIX EACH CORRECTIVE ACTION	ON SHOULD BE LE APPROPRIATE	XS. COMPLETE DATE
(H 459)	Continued From page	22	{H 459	<del></del>		·
in the control of the	Review of Patient # 30 dated April 8, 10 and 1 at approximately 2:55 j aide were lectured on 6 instructed to avoid eatin Patient was also instructed to ambulate freely. The understanding".  During a face to face into an April 20, 2010, at apply as acknowledged Patil 130's nursing visit notes instructions were being in there was no document pecific patient instruction. Review of Patient # 3 ertification and POC data April 28, 2010, on April 28, 20	2, 2010, on April 20, 20.m., revealed "patient obesity. Patient was ng fatty and sugary footed to use cane or waity demonstrated terview with the Director proximately 3:00 p.m., ent #27, #28, #29 and did specify which patievaluated.  2's Home Health sted February 28, 2010 it 20, 2010, at revealed Patient #32 ded bilateral stasis vealed the client was to ritance of turning and ours to prevent skin	and ds. lker or it	To ensure the deficient p not re-occur, all visiting n in-serviced to be specific evaluation of teaching ar documentation. Office no serviced to ensure compl	urses will be with their nd with their urses were in-	05/31/10
20 20 ins rep bre	eview of Patient # 32's stes dated March 3, 10, 10, April 2, 3, 5, 6 and 10, at approximately 3: tructions on the importationing every two holds and a face to face intended to the patient of the patien	17. 22. 24 and 31, 7. 2010, on April 20, 20 p.m., revealed no ince of turning and turs to prevent skin		To ensure the deficient pra not re-occur, all visiting nur in-serviced to be specific w evaluation of teaching and	ses will be ith their	05/31/10

on April 20, 2010, at approximately 4:30 p.m., it

documentation. Office nurses were in-

serviced to ensure compliance

STATEMEN	Regulation Administration OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C	CLIA ER		LTIPLE CONSTRUCTION	(X3) DATE	ORM APPROVE
		İ		A BUILD		COM	LETED
NAME OF P	ROVIDER OR SUPPLIER	HCA-0004	<u> </u>	B WING			R
					STATE, ZIP CODE		4/22/2010
	LIABLE NURSING CARE		3500 18TH S WASHINGTO	TREET ON, DC 20	0018		
(X4) ID PREFIX TAG	I SMORT MEDICINENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO	.L PN:	IO PREFIX TAG	PROVIDER'S PLAN OF A EACH CORRECTIVE ACTI CROSS-REFERENCED TO	ON SHOULD BE LE APPRINDOIATE	rxs. COMPLETE DATE
	prevent skin breakdow  There was no docume: specific patient instruct	ructions on the important oning every two hours to in.  Inted evidence of the any itons given on the and repositioning events	nce o	H 459}	To ensure the deficient pot re-occur, all visiting rein-serviced to be specific evaluation of teaching and documentation. Office in serviced to ensure complete to en	practices will ourses will be with their ourses were in-	05/31/10